

Claim Handling

Accident MT/1104893

Policy No.	5118584003	Vehicle No.	SMU4525L	GST Registrati
Certificate No.				
Policyholder Name	IFISH PTE. LTD			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90490490	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
▼ Accident Details				
Report Date	29/09/2020 09:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/09/2020	Time of Accident hh:mm	18:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	NEAR BLK 354A ADMIRALTY DR MSCP			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	18/0	
GST Registration No.	200503209M	GST Status Verified	Yes	
Modification History	29/09/2020 09:52:47 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	31 WOODLANDS CLOSE	Address 2	#03-25 WOODLANDS HORIZON	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5118584003	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE ENG SIEW	Driver NRIC	S1514480G	Driver DOB
Register Date of Driver License	19/03/1979	Driver Age	59	Driving Experie
Contact No.(Mobile)	90490490	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 354A #03-256	Address 2	ADMIRALTY DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-256			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Contact No. Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MD

90490490

SMU4525L / WALL & KERB ON 27 Sept 2020

Yes

29/09/2020 09:54

LIEW SHAN HUI

Insured Liability

Fully at Fault

Preferred Repair Option

income to assign workshop

GIA report

Received

Claim Close Date

Attachment

▼

Accident No.

MT/1104893

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

29/09/2020 09:54

Path *

Category *

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Choose File

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NO

Choose File

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Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Sep 2020 09:54	SAS		Normal	S
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Sep 2020 09:54	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Sep 2020 09:54	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Sep 2020 09:54	Photos		Normal	Ph

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